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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of PCT/CH99/00355 07/29/1999

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed 35 USC 119 (a-d) cond 901 met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 2	TOTAL CLAIMS 5	INDEPENDEN CLAIMS 1
Verified and Acknowledged	Examiner's Signature SN	Initials			

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TITLE

Device for adapting at least one acoustic hearing aid

FILING FEE RECEIVED 1288	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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